VS A15 (4) 15M 9/55 163

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4965 CERTIFICATE OF DEATH

()4()5/66 Reg. Dist. No. /66

1. PLACE OF DEATH O. COUNTY Garrett MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Allegany						
b. CITY OR TOWN (III RURAL and give ne Oa kl		its, write	c. LENGTH OF STAY IN	115		wn (F ou		ote limits, write R	URAL ond	_ A .	own)
OR INSTITUTION	AL (If not in hospital, or Nursing Ho		address)		d. STREET ADD		Georg	e St.		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Jennie Lo	-	Allen		Lost		4. DATE OF DEATH	Mon	_	0 <sub>0</sub> y 28	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED		2/28/18	6I		9. AGE (In years lost birthday) 95 yrs.	Months Months	Doys Hou	
Hous e	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	Mar	yland	1	untry)	12. CII	USA.	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S M		AME				
W1111at	m McCormick		FOCIAL RECUBITY NO	117 101	Jane I	Rowe	-	Add			
	(If yes, give war or dates of a		None		ames All	6.16		Pittsbur		١	
Conditions, if an gave rise to in case (a), stating lying cause lost.	the <u>under-</u>	An	TYPEARD,  LIEN, 1.4  CONTRIBUTING TO DEAT	IZA.		PRO			EN IN PAR	T 1(0) 19. WA PER	EARS  EARS  S AUTOPSY FORMED?  NO.
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m. p. m.	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye		Not while	Oe, PLA	. (Enter noture of i CE OF INJURY (Ho ory, street, office b	me, farm,	20f. (City		(0	County)	(Stole)
21. I certify the alive on AFF	at lattended the Ril 18th Lucy H.	deceas	ed fram. 12	1 M	, 19=5, accurred at	7.	_M, fram	the causes of the cause of	ind an t	last saw th	ne deceased above.  DATE SIGNED  2 - 5 6
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THERES		22c. NAME OF CEMET Rose Hi		CREMATORY Cemetery			ON (City, town, o		(S	lofe)
23. FUNERAL DIRECTOR'	5 51GNATURE	2	ADDRESS Cumberland		2	ATE T	BY REGISTR			House	sen

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7	1. 1	LACE OF DEATH . COUNTY CARRETT	MARYLAND	o. STATE	ived. If institution: Residence before admission) b. COUNTY
1	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporol	le limits, write RURAL and give nearest town)
70		OAKLAND  1. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  CARDETT CAINTY LEMON		d. STREET ADDRESS	e. IS RESIDE ON A FA YES [] N
		NAME OF First PACEASED Type or print)  PATRICK	Middle HEMRY	Lost 4. DATE OF DEATH	Month Day Year
	5. 5	EX 6. COLOR OR RACE 7. MAR WHITE WIDOW			AGE (In years IF UNDER I YEAR IF UNDER 2 lost bythdoy) Months Days Hours
	10a	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)			
	13.	FATHER'S NAME	SALESMAN	14. MOTHER MAIDEN NAME	RK USA
0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	NFORMANT	Address
		18. CAUSE OF DEATH [Enter only one couse per 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (o), (b), and (c).]	least Failure +;	Tibullatin Present
		Conditions, if any, which ) (b)	A.C.V. A	1	year
		gove rise to immediate code (a), stating the under-			
٥	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PART I(o) 19. WAS AUT PERFORMI YES \(\sum_\) N
	CERTIF	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I or Port II	of item 18.]
	MEDICAL	Hour o. m. While		ACE OF INJURY (Home, form, 20f. (City or tory, street, office bldg., etc.)	r town) (County)
		21. I certify that I attended the decea		1956; to 4/13	the causes and an the date stated
,		actual Signature Lawas 2	Zurk		et, city or lown, stote)  DATE
,		PHYSICIAN'S	Lucay M	D	
,		NAME (Type) HOMPIFES F.	P. C. 3131 111.	/ /	

BUREAU V. E. acet I YAN The Contraction of the Contractions

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-04055

Rega DistaNo.

1	PLACE OF DEATH	Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE Maryland b. COUNTY G	
	b. CITY OR TOWN (If and give negrest lown)	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Day .		lsville.	15 yrs	Friendsville, Maryland	×
D	d. NAME OF HOSPITA	L OR INSTITUTION (If not in he	spital, give street address)	d. STREET ADDRESS	/ e. IS RESIDENCE ON A FARM? YES NO
12	NAME OF DECEASED (Type or print)	First Sames	Middle Eis	entrout.  4. DATE OF ATH  4. DATE OF ATH  4. DEATH  4. DEATH	Doy Year
	s. sex M	W WIDOWI		Dec 7th, 1887. 68 yrs. Month	DER TYEAR IF UNDER 24 HRS. IS Days Hours Min.
1	oo. USUAL OCCUPATION COAL MINE	N (Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12.  Perkin, Md.	CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	erles H. Eis	entrout.	14. MOTHER'S MAIDEN NAME Annie Jones.	33 10
/	Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16 (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17. 18	Essentrout Iis	stonburg.Pa
	Conditions, If or gove rise to immed (o), stoting the u	iate couse	Circulatory  Alcoholism	failure.	INTERVAL SETWEEN ONSET AND DEATH
7	0 - CV7CB\141 C4U	-		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	PRIMARY OF CON	ITRIBUTING [			
1	20c. TIME OF INJUR Hour o. m. p. m.	Whi		CE OF INJURY (Home, form, 20f. (City or town) bry, street, office bldg., etc.)	(County) (State)
				ve, held an Autapsy [], Inspection [] Inquision line in Inquision in I	uiry , and find that
1	ACTUAL SIGNATURE	7. 1 Jaum	Sarher	_M.D. CHIEF MEDICAL EXAMINER	DATESIGNED
1152	NAME (Type)  ROO. BURIAL, CREMATION REMOVAL (Specify) ROMOVAL	E. Irving Baum  N. 126. DATE THEREOF  4-21-56.	22c. NAME OF CEMETERY OR		
2	3. FUNERAL DIRECTOR		ADDISO	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE Frantz

VS. ATSME(S) 5M 9/55

or removal.

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BECENCED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 4069 CERTIFICATE OF DEATH

Reg. Dist. No....

04056

1. PLACE OF DEATH	The state of the s	2. USUAL RESIDEN	ICE (HOME) OF DE	CEASED
COUNTY Garrett	MARYLAND	STATE West V	irginiacounty	Preston
CITY (It outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL en	
OR end give neerest town) TOWN Oakland	(in this place) 7 hrs	TOWN Terra	Alta	15 7-3
HOSPITAL OR	· · · · · · · · · · · · · · · · · · ·	STREET	(If rura) give	e location)
institution or Garrett County Memor	rial Hospital	ADDRESSROute	# 1	V
3. NAME OF (First) (Fi	FORD	(Lasi)	4. DATE (Mont	(Yaar) 1956 (Yaar)
S. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV (Specify) S1	DOCED	19. 1955	9. AGE lest birthdey	HONDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Terra Alta		USA
Robert Lemar Ford		Dottie Su		
	SOCIAL SECURITY NO.	17. INFORMANT & /		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Robert Le	mar Ford	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI	RTIFICATION	1	INTERVAL BETWEEN ONSET AND DEATH
480 X IMMEDIATE CAUSE (A)	star for	neumone	a	24thrs
ANTECEDENT CAUSE(S) DUE TO	de la	11 )		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 Commence			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Jufan	cy		
198. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION	1		20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUI	K? (City or town)	(County) (State)
2(d. TIME OF INJURY (Manth) (Dey) (Yeer) (Hour) 21e. While M., 87 wo	NJURY OCCURRED Not while	211. HOW DID INJURY OCCU	R?	4
22. I hereby certify that I attended the decease	ed from /// A	5/ 1956 to //	m 3 19 56	2 that I last saw the deceased
		6:50 PM, from the		ate stated above.
Abus 6. In	week m.o.		Alta, West	11.11
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county) (State)
Remoyal & Buriel April 6, 1956	Agrra Alta	Cemetery	Terra Alta,	West Virginia
24. / REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Swansk	P. V. WATS	SIGNATURE	ADDRESS
Dyt. / 9 4 / / / / / / / / / / / / / / / / /		To Me MAID	CYAS TOTTER WY	TOWN NO.

HI AND HE BY ADMINISTRATION OF THE THE

Street Special Street, Special Special

BUREAU V.

APR. 84 1956

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 4070 CERTIFICATE OF DEATH

04057

Reg. Dist. No.

	1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED			
	COUNTY Garrett	MARYL	STATE Maryland COUNTY Garrett						
	CITY (If outside corporete limits, write RURAL	L LENGTH OF	STAY	CITY (if outside corp	ind give neerest town)	~ ~			
5 .	OR and give neerest town) TOWN Sang Run	76	rs.	TOWN Sang	Run				
	HOSPITAL OR			STREET	·	ve location)			
3	INSTITUTION OR STREET ADDRESS			ADDRESS	,				
	3. NAME OF (First) DECEASED	(Middle)		(Lest)	nth) (Dey)	(Year)			
	(Type or Print) Vestus	C.	F:	riend	DEATH A	pril 18,	19 56		
		NGLE, MARRIED, /IDOWED, DIVORCED,	8 DATE OF	BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
	Male   White   S	Pecily) Married	April	7, 1880	76 yrs.	Months Deys	Hours Min.		
	IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if	106 KIND OF BUSINESS OR INDUSTRY	5 1	1. B.RTHPLACE (State or for	aign country)	12. CITIZE	N OF WHAT		
1	Retired Farmer	Own Farm		Maryland U.S.A.					
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Zadock Friend			Alice Friend					
	15. WAS DECEASED EVER IN U. S. ARMED FORCE		JRITY NO.	17. INFORMANT &	ADDRESS				
*	(Yes, no, or unk.) (If Yes, give war or dates of se	irvice)	Wm. Martin Friend Sa						
	I DISEASES OR CONDITIONS DIRECTLY LEADING	18, МЕС 5 то рудтн	DICAL CERT	TIFICATION	)*n		RVAL BETWEEN ET AND DEATH		
	MMEDIATE CAUSE (A)	( toute	TALL	Colein An	JULIE :	117	-ch		
		0 0	V		Δ Δ				
	DISEASES OR CONDITIONS, IF ANY, (B)	CHEM		127 mlar	Heli	cuts 2	702		
	GIVING RISE TO THE ABOVE CAUSE DUE TO	01- 1-	100			9	- l'		
	(C)	45	「いい」	101					
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE	NG /							
	DISEASE OR CONDITION CAUSING DEATH,  19a, DATE OF OPERATION 19b, MAJO	OR FINDINGS OF OPERATION			·		- I Market A		
)	196, DATE OF OPERATION 196, MAJO	R FINDINGS OF OPERATION				YES	NO NO		
		PLACE (Home, ferm, fectory IJURY street, office bldg, etc.		c. WHERE DID INJURY OCCU	JR? [City or town]	(County)	(State)		
	21d. TIME OF INJURY (Month) (Day) (Year)		while	IF. HOW DID INJURY OCCU	JR?				
	22. I hereby_certify that 1 attended	the deceased from	har	19.5 6 ., to CL	118 1956	, that I last say	v the deceased		
I		, and that death	occurred at	:20P M, from the	causes and on the	fate stated above	P		
×	BIGNATURA	1			RESS (Street, city, tow		DATE SIGNED		
2 2	- The Shum but	Ther.	M.D.	KALLOO 11 0)	ML A	4/2	177		
2	23. BURIAL, CREMATION,   DATE THERE	OF NAME OF	EMETERY OR C	REMATORY	LOCATION (City, low	n, or county)	(State)		
A15C 1-55 10M	REMOVAL (SPECIFY) Burial 4/21/	1956 Sang	Pun Ca	mo torre	Sang Run	Ma			
S		SIGNATURE	itur ce	metery		ADDRESS			
	7/21/5 / 1000	a 0/1/0200	10	Post to	Xeed to	( Oakhn	d. Md.		
	DATE		94, /	- man	- 1	G Ly Garrant			

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04058/
		4971 CERTIFICATE OF DEATH  Reg. Dist. No. / 6 6
. Page J	1.	PLACE OF DEATH  a COUNTY  CARRETT  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY  ARRETT  ARRETT  MARYLAND
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)
after the form		d. NAME OF HOSPITAL (IF not in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
in by and 2		YES NO
24 led	3.	NAME OF DECEASED (Type or print) HELEN Modele CTIBSON DEATH APRIL 15 1956
within stely fill Poge	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
comple papers. rath.	10	DIVORCED DIVORCED OCT 31 - 1879 16 yrs.  DIVORCED OCT 31 - 1879 16 yrs.  USUAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  during most of working life, even if retired)
နိ ၁၁ ျာ "	13.	HOUSEWIFE OAKLAND MO U.S.
icion or e carbo rs after	Y	EDWARD H. BARTLETT HARRIETT FAIRALL
certificate ng physicio remove cc 72 haurs al		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address  [If yes, give wor or dates of service]  Address  OAKLAND  OA
ndin ndin hin	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
the all the line a	1	IMMEDIATE CAUSE (0) UTS mil. UECLOULUM
es that ad by It mit. Ti ony e		Canditions, if any, which) (b) 714 LCA LCA
Peg E		gave rise to immediate code (a), stating the under-
law reg	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
The I		200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
CIAN: rendui ifican ifican i, or r	L CERTIF	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSIC of ar al this cert	MEDICAL	20c, TIME OF INJURY Manth, Day, Year Hour a.m.  P. m 19 at work at work at work 19 at wo
Sapit Sapit Affer lied fo		21. I certify that I attended the deceased from 252 16 , 1951, to 1951, to 1956, that I last saw the deceased
TOR After of detoched to buriol.		alive on 19 5, and that death occurred at 1 A M, from the causes and on the date stated above.  ADDRESS (Street, city or lown, state)  DATE SIGNED
P P P P P P P P P P P P P P P P P P P		SIGNATURE ST. UN MUNICATATE M.D. 23 acces St 9/10/56
DSPITAL Of y be retoined JNERAL DISTRICT PROPERTY PROPERT		PHYSICIAN'S E.1, ISAUM GARTNER COULDER TOLD
O HOSPITAL moy be retoi o FUNERAL poge 3 shoul the registrar	22	BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or county) (State)  REMOVAL (Specify) APRIL-17-1956 OAKLAND CEMETERY (SAKLAND)
E E	23	
VS A15 (4) 15M 9/55	2	msoy Bolden OAKLAND / DIDATET/17/36 Julia Chowark &

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (14052)
			4972 CERTIFICATE OF DEATH Reg. Dist. No. 766
Page 4 director, ifed with		1. 1	LATE OF DEATH  LOONNIY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)  b. COUNTY  ATLENT  MARYLAND
function for	A,		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest frown)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest frown)
urs offer by the d 2 shar			I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO
n 24 ho Filled in jes 1 on			IAME OF First Middle Lyst 4. DATE OF OF DEATH APRIL 3 1916
d within pletely ( irs. Pag		5. 5	WIDOWED DIVORCED SO 129/18/77 Jost Brashday) Months Days Hours Min.
nd cam on pape death.	1		OSUA_ OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPIACE (State or fordign county)  12. CITIZEN OF WHAT COUNTRY?  Outing most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?
sician a re carbo			Thomas Pay Hall amanda Sis
n certific ing physic remay	I)	1S. (Yai	WAS DECEASED EVER IN U. S. ARMED FORCEST 1/16. SOCIAL SECURITY NO. 17. INFORMANT  So of Unitational (If yes, give wor or dates of Hervice) (1000 Cross Hall Hair worth W)
ottend on pleas			PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSE (O) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSED BY:  IMMEDIATE BY:  IMMEDIATE CAUSED BY:  IMMEDIATE
by the			Canditions, if any, which ) (b)
equires an. signed sit perm			gave rise to immediate code (o), stating the under- lying cause last.
physicic as been ial-tran	<b>y</b>	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DEATH OF THE PERFORMENT OF
ending ficate h the bur or rem		CERTIFI	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar att his certi use as ematian,		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m., p. m. 19 of work of work of wark of work
Spite Spite the for riol, cre			21. I certify that, attended the deceased from 1955, to 37 fg., 1956, that I last saw the deceased alive on 2772; 1956, and that death occurred at 6,250 M, from the causes and an the date stated above.
d by the ECTO's	\$		ACTUAL SIGNATURE OF THE SIGNATURE SI
TAL OR retained tAL DIRE should be stror prior	2		PHYSICIAN'S THEIMAS F. LUSIBY   Cale Lucia, 122
may be FUNE!	/	34	ENERGY TO THE THEREOF 1 220 NAME OF CEMETERY OR CREMATORY 22d, 19 CATION (City, town, or county) (Specify) The first of th
VS A15 (4)		23/	FUNERAVOIRECTOR'S SIGNATURE LADDRESS PARAMETERS DATE TO BY REGISTRAR 246 REGISTRAR'S SIGNATURE OUT OUT
			1 / V / AR



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ec			4973 CERTIFICATE OF DEATH  Reg. Dist. No.
h. Page al director filed with	ž,	°	LACE OF DEATH  COUNTY GARRETT  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  o. STATE  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
the full shayld be	''3 ) X		CAKLAND  OAKLAND
ours off by the od 2 sh	00		OR INSTITUTION  ON A FARM?  YES \[ \text{NO} \[ \text{INSTITUTION}  ON A FARM?
n 24 ho iilled in jes 1 or		3. P	NAME OF LOST LOST 4. DATE Month Doy Year Type or print) EMMA COPDINCTON LAWTON DEATH APRIL 5 1956
d within the tetely fill s. Pages		5. S	
executed v id complet in popers. death.	,	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  CORMAN MD
te be ex cion ond corbon offer de	, et .	13. [	FATHER'S NAME
n certificate & ng physicion e remave cor			WAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT  Address  MRS KATHLEEN TURNEY OAKLAND M
the deoth ce attending on please re nt within 72			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH
es that the deby the mit. The any eve			Conditions, if any, which por linguage of the linguage of the first descens 4 years
requir on. n signe sit per			lying couse lost.  (c) Collera slaves
he law physici hos bee rial-trar maval, s		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED?  YES NO
HAN: 1 rending ficate the bu		L CERTIF	20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC tal or at this cert or use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 Of work of
sping sping ched fo			21. I certify that I attended the deceased from August 6, 19.46, to April 5, 19.56, that I last saw the deceased alive on April 5, 19.56, and that death accurred at 5.2M, from the causes and an the date stated above.
OR ATTRIBLE BY HIRECTO	1		ACTUAL SIGNATURE LE & Marce M.D. Oakland Clared Colors
retoir RAL D shauld			PHYSICIAN'S NAME (Type) A. E. Mance, M. D
moy by Page 3		13	BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, IOWN, or COUNTY)  (Slote)  WRIAL  APRIL-9-1956  OAKLAND CEMETERY  OAKLAND  MD
VS A15 (4) 15M 9/55		23. 2	MANY Bolden OAKHAIND MD. DATE 9/5 Green & Towards

PLECES VESS APR SA 1556 BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 4974 CERTIFICATE OF DEATH

()4()63/6 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY GARRETT	MARYLAND	STATE WEST VIRO	INIACOUNTY PR	ESTON .			
CITY (if outside corporete limits, write RURAL	LENGTH OF STAY	e neerest town)					
OR and give pagest town) TOWN	15 months	TOWN DERRA AI					
HOSPITAL OR WEEKS NURSING HOME		STREET ADDRESS	(If rural give local	tion)			
STREET ADDRESS 7th and Alder Stre		Route #					
DECEASED	Middle) LEE	(Last)	4. DATE (Month) OF DEATH APRI	L 19. (Year)			
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE O	F BIRTH 9. A	GE lest birthdey   IF U	NDER 1 YEAR   IF UNDER 24 HRS.			
FEMALE WHITE WIDOWED WIT	DOWED JANUAR	RY 18. 1876	80 yrs. 3	ths Days Hours Min.			
done during most of working life, even if OR	D OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign co	-,	12. CITIZEN OF WHAT COUNTRY?			
retired)		TERRA ALTA, WE		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
JOHN ABRAHAM FRIEND		MARGARET ELI	ZABETH RLBR	IGHI			
	SOCIAL SECURITY NO.	17. INFORMANT & ADDRE					
(Yes, no artink.) (If Yes, give wer or detes of service)		Arch E. Lee.	R #1. TERI.	A ALTA, W.VA.			
IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	C 260. 20 (0.	Desco	e last.	So. Ojeans			
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR FINDINGS (	OF OPERATION			20. AUTOPSY?			
				YES NO X			
21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, of (IF ETHER, NOTIFY MEDICAL EXAMINER)		TIE, WHERE DID INJURY OCCUR? (	lity or town) (	(County) (State)			
M. et wo	Not while at work	216. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the decea	sed from 1 2 = /	1953 10 4-1	1- 195 6 th	at I last saw the deceased			
SINE ON	That death occurred at	10120AM, from the cause ADDRESS 1 & Oak Sts., Oak	s and on the date s (Street, city, town, stete	stated above.  DATE SIGNED April			
REMOVAL (SPECIFY)		Memorial Garden					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Line PR						
DATE /20,56 Julia H To	W KIN O MI	P. R. WALSON.	TELBA ATTA	W- 77 A-			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05158After ġ, CERTIFICATE OF DEATH death. 2 after o 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Garrett STATEMaryland COUNTY Garrett MARYLAND LENGTH OF STAY (It outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL director, OR and give nearest town) (in this placa) TOWN Post Office. Terra Alta. TOWN Oakland wks. 77 HOSPITAL OR (Il rural giva location) INSTITUTION OR ADDRESS within 55 Alder St. Rural Route STREET ADDRESS 3. NAME OF (Last) 4. DATE (Month) of DEATH pril DECEASED registrar by the f Ray (Type or Print) Lewis 30. 19 56 8. DATE OF BIRTH 5. SEX 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED, Days Hours White Male (Specify) Single 1894 May .5 10a. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if OR INDUSTRY that the death retired)Farmer Maryland Own Farm U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pletely transit Joseph F. Lewis Elizabeth Teets 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS EOD death certificate (Yes, no, or unk.) (If Yes aiva war or dates of service) buria 215-36-9524 Oakland. Asa Lewis and INTERVAL BETWEEN 18. MEDICAL CERTIFICATION or attending ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician · IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) The law requires that the led by the attending physhould be detached for up DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. may be retained by the hospital DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21c. WHERE DID INJURY OCCUR? (City or lown) 21a. ACCIDENT WAS UNDERLYING [ 21b. PLACE (Home, farm, factory, (State) exacuted OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) FUNERAL DIRECTOR: certificate assembly 21d, TIME OF INJURY (Month) (Day) (Year) 21f. HOW DID INJURY OCCUR? 21a, INJURY OCCURRED Whila Not while at work at work peen has #IGNATURE ADDRESS (Straat, city, lown, stata) certificate death BURIAL, CREMATION, DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) AISC . REMOVAL (SPECIFY)
Burlal Ford Cemetery 25/ FUNBRAL DIRECTOR'S SIGNATURE RECIDIBY REGISTRAR

2/3/1956 July 12/03/26

0.300

ŀ	2740				Reg. Dist. No.
1	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institution	Residence before admission)
-	Carrett	MARYLAND	arula	nd 6 county	.urr.tt
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF or	utside carporate limits, write RU	RAL and give nearest tawn)
Œ	C_1 ] 1: 1	2 Dars	Cakl a	3	*
Ì	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e IS RESIDENCE
1	Jarrett Junty Moraid 10	3, 16,1	110 Li	Certy Street	ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) I arver	Middle an rew	Ioralitch	4. DATE Month OF DEATH ADMIL	Doy Yeor
ı	5. SEX 6. COLOR OR RACE 7. MARR	IED M NEVER MARRIED	8. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
	lial white wow		Sept. 18, 187	1 Je yes	Months Days Hours Min.
ł	10a. USUAL OCCUPATION (Give kind of work dane 10b, during most of working life, everfif retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	INSURAN	YCE AGENT.	Pennsylv	ania	America
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
1	Stephen Loraditch		Cathe	rine Weible	
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Addre	45
	21	14-14-74707	Mrs. Lay H.	Loraditch	(.ifc)
ı	18. CAUSE OF DEATH [Enter only one couse per tin	ne for (o), (b), and (c) ]	of 7 6	pate	ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mocardial	wall solo	uase.	Bestar
ı	4 2.0. 2 DUE TO	7+1-1	-1. /	11	
4	Conditions, if any, which	Merin School	Ner. Hear	TALLORAD	VCalars
1	gove rise to immediate OUE TO				
ı	lying couse lost.				
ı		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
1	- CAT				PERFORMED? YES NO NO
l	Part II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 or Port II of item 18.)	
1		NJURY OCCURRED 200. PL	ACE OF INJURY (Home, form,	20f (Ciby or Journ)	(County) (State)
1	Hour a. m. 10 While	Not white fa	clary, street, office bldg., etc.)	1 201. [City of lowin]	(County) (State)
l				1	
1	21. I certify that I attended the decease	ed fram	, 19, ta		that I last saw the deceased
ı	alive an	, and that death	occurred at 6:1,0	M, fram the causes an	id on the date stated above
ı	PC V			DDRESS (Street, city or town, st	ote) DATE SIGNED
ı	SIGNATURE CL ZIMANO	/	M.D. MAN	Claud M	d dalysto
ı	PHYSICIAN'S				/
ļ	NAME (Type)				and the site of th
Ī	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	PR CREMATORY	22d. LOCATION (City, town, or	county) (State)
1	BURIAL APRIL-4-95	OAKLAND	CEMETERY	OAKLAND	OMD.
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 206. REGIST	RAR'S SIGNATURE
	Emry Bolden	DAKLANI	) N 1) DATE 7	1/56 July	a HI oway

h. Poge 4 may be retained by spital or ottending physician.

\*\*TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function page 3 shauld be detached for use as the burial-transit permit. Then, please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours after death. ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter TO HOSPITAL OR ATTE VS A15 (4) 15M 9/55

B & COME

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Ę	4977 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
general genera genera general general general general general general general	1. PLACE OF DEATH O COUNTY CARPETT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE MICHIGAN b. COUNTY WAYNE
5 3 X	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) ond give nearest lown)
. ` `	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 15. RESIDENCE
72	35605 PALMER KD. VES NO DE
	3. NAME OF DECEASED (Type or print) LINDA SUE DON DEATH APR. 15 19.56
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1/EAR   IF UNDER 24 HRS.   Months   Days   Hours   Min
	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
1	during most of working life, even if refired)  DETROY MICH USA
1	13. FATHER'S NAME
\	TAUL F. MOON MARTHA JANE MATHIS
I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1910, no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (A) 1 F Marine 3 Social Security No. 17. INFORMANT (1910, no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (1910, no. or unknown) (1910, no.
7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CORTICAL DECENTION OF BRAIN 240
	/ SZX DUE TO
	Conditions, if any, which gove rise to immediate couse (b) INTEANAL HYDROCEPHALUS
	(a), stating the underlying DUE to
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
.0	5 FMACIATION - DEHYDRATION YESD NO [
	FMACIATION — DEHYDICATION  200 EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.  201 OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item IB)
	20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCUPRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)  While Not while of work of work of work
	21. I certify that I took charge of the remeins described obove, held an Autapsy . Inspection . Inquiry , and find that
	death resulted from: platural causes . Accident . Suicide . Homicide . Undetermined couse .
*	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
	EXAMINER'S E. ), BAUMCHARTWER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
	22d. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'P BY REGISTRAR'S SIGNATURE  240. REC'P BY REGISTRAR'S SIGNATURE
	Conray Bolden STALTON -111 DATE /1/36 HOLLOW NOW SON OR

a A DVIEDS

173 175 ESS 1871/4

VS A15 (4) 15M 9/SS

		MARYLA	AND STA	ATE DEPARTA	MENT OF HEALTH	H-BAL	TIMORE, 1	8 04	1066/
		497	18	CERTIFIC	ATE OF DEATI	4		Reg. Dist. N	166
1.	PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (W.		d lived. If institution b. COUNTY	~	
$\vdash$		rett f autside carporale limits,	maite To 15	ENGTH OF STAY IN 16	Maryland			Garre	
	RURAL ond give no Oakl	earest town)	WIII C. LE	L Weeks	Rural S	outside corp Swant		RAL and give	nearest town)
	d. NAME OF HOSPIT	AL (If not in hospital, give	street addres		d. STREET ADDRESS	JIICILU	VII		e. IS RESIDENCE ON A FARM?
	Garrett	County Men	norial	L Hospita.	4 Mi. N.	Swa	nton		YES THE NO
3	NAME OF DECEASED	First		Middle	Lost	4. DATE	Mant	h	Day Year
	(Type or print)	Verns		Flora	Otto	DEATH	April 1	.0,	19 56
\$	SEX -	6. COLOR OR RACE 7	· MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		AR IF UNDER 24 HRS
	Female		VIDOWED 🔲	DIVORCED		18	last birthday) 37 yrs.	Months Day	Haurs Min.
10c	during most of worl	ON (Give kind of work dor sing life, even if retired) 110	ne 10b. KIND	OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	ar fareign o	country)	12 CITIZEN	OF WHAT COUNTRY?
		ife	Own	1 Home	Ohio			U.S.	A .
13.	FATHER'S NAME	77.7			14. MOTHER'S MAIDEN I	MAME			
		rge Floor			Ona Yari	an			
		R IN U. S. ARMED FORCE (It yes, give wor or dates of servi-	ice)		INFORMANT		Addre	25	
	no			-16-2684	William H.	Ott	o R. D.	Swan	ton. Md.
		TM [Enter anly one cause		4				110	NTERVAL BETWEEN
	PAKT I, UEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	11	E7711				3	Ldays
	74. X	DUE 10	Dur	LICULAR -	J. BR. 11 Af. 0.	7	Jailun	_	6 77103
	Canditions, if a gave rise to it	mmediate (U)_	7 7 0 .		SIDMINAPINA	<u> </u>	04.70 K		2 ///02
	cattle (a), stating lying cause last.	the under-	Th so	4 y 5/31	Lonchierfa	5,4	1) =1		15 TRS.
Z	PART II. OTH	IER SIGNIFICANT CONDIT	TIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
ĪŠ									PERFORMED?
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING 20	06. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Par	rt (I of item 18.)		100 100/15
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY		LACE OF INJURY (Hame, farm octary, street, affice bldg., etc	20f. (Cit	y or tawn)	(Count	(State)
MED	Haur a.m.	19		Nat while at wark	sciory, sneed, diffice blog., esc				
П	21. I certify th	at I attended the d	leceased fr	am · NOU	, 1955, to A	PR.1	101-1957	that I last	saw the deceased
	alive an	n.1 10th	, 12 16	, and that deat	h occurred at 7 P				date stated above.
	¥.	1-7			4-00	ADDRESS (S	ireel <sub>s</sub> city ar town, s	igle)	DATE SIGNED
	SIGNATURE	me /d. le	raile	a A.	M.D. 5 5 2-	1 54.	UNKLIN	d. Le	1 4-105
	PHYSICIAN'S J.	AMES H. FEAS	STER. J	R., M. D.					
220	BUR AL, CREMATIO			NAME OF CEMETERY	OR CREW TORY	Imi ioci	7100116		
	REMOVAL (Specify)	1/1	L			ł .	TION (City, town, ar	Md.	(State)
23	BITT 19 ]	-/ 40/ 170		rth Glade	Cemetery	near	Swanton	RAR'S SIGNAT	THE Z
1	102 104	9 1 x +	1-	Oaklan		1/2/0	-/ 1	A. ITR	
	KX/TAKSINA	- 12 KARON	W M	Vanial	ia, Ma, DATE	///	9//	Y / 0	war

2 .V UABRUE

15/2/4 25/2/4 1956 APA 2956

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH

4979

04067

Reg. Dist. No. 17

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY GARRETT MARYLAND	STATE MARYLAND COUNTY GARRETT	7		
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest lown). (In this place)	CITY (If outside corporate fimits, write RURAL and give nearest to	own)		
K	TOWN and Sive percent with the state of the place of the	TOWRUTAL- SWANTON	PG B		
	HOSPITAL OR	STREET (If rural give location)			
٠ ١	STREET ADDRESS MT. ZION ROAD R.D. #1	MT.ZION ROAD- RD.#1			
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Da			
	(Type or Print) MARY CATHERINE F	AUGH DEATH APRIL 2	8,1956		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O				
	FEMALE WATTE GARCHWITTONED FEB.	2,1868 88 yrs. Months Da	ya Hours Min.		
	des de de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya della companya de la companya de la companya della companya della della companya de la companya de la companya de la companya d		TIZEN OF WHAT		
4	THOUSE TOOKK king life, aven if OWN PROMITE	PAYETTE CO., PENMA. U.S	Shuller !		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	BENJAMIN McNair	SALLY SUMMIE			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Ye N.G., or unk.) (If Yes, give wer or dates of service) NONE	Mrs. Nora Barnhouse, Kitzm	411an 1/d		
7	(YeNG, or unk.) (If Yes, give wer or dates of sarvice)	Mrs. Nora Barmouse, Krozm	TTTEL PIMO		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN		
	1 A IMMEDIATE CAUSE (A) A Guite Muyon	and fourth and	day		
	ANTECEDENT CAUSE(S) DUE TO	, - 1	2		
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	ent Dans	26,27		
	STATING UNDERLYING CAUSE LAST. DUE TO	Enterno chiamo	The		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
Δ	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
البية		Ic. WHERE DID INJURY OCCUR? (City or town) (County)	(State)		
	OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?			
	M. at work et work				
	22. I hereby certify that I attended the deceased from	19. 26, to 19.26, that I last			
H		7:45 AM, from the causes and on the date stated at	oove.		
10M	SIGNATURE P. O. D. D.	ADDRESS (Street, city, town, state)	DATE SIGNED		
1-55	23. BURIAL /CREMATION, I DATE THEREOF I NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)		
A15C 1-55 10M	Removal (Specify) Rurial  May 2/56  Mt.Zion Ce				
VS A	1. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE   25. FUNERALDIRECTOR'S SIGNATURE   ADDRESS				
	DATE 4/30/56 CUBONUE	Od Sharkler Blain	e. W. Va-		
	IN JOUR CLAUR JUNEUR		- 1 1. 1 1 mm		

DE VIEW & VAN.

BNBEVN K &

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 4980 CERTIFICATE OF DEATH

04069

Reg. Dist. No. 172

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECE	ASED	
COUNTY GARRETT	MARYLAND	STATE MARYLAND COUNTY G.	ARRETT	
CITY (If outside corporeta I mits, write RURAL OR and one perset town TOWN KITTINETER	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER		
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHURCH ST	REET	STREET III give los ADDRESS CHURCH STREET	retion)	
3. NAME OF (First) DECEASED (Type or Print) ROY	(Middle) CAROL S(	(Left)  WERS  4. DATE [Month]  OF DEATH APR.	IL 28,1956	
	NGLE, MARRIED, 8. DATE OF CONTROL		UNDER 1 YEAR   IF UNDER 24 HRS.  nths   Days   Hours   Min	
10a USUAL OCCUPATION (Give kind of work	TOWING OF BUSINESS	11. BIRTHPLACE (State or foreign country) Hambelton, Grant Co.W. Va	U.S. CHIZEN OF WHAT	
13. FATHER'S NAME EPHRIAM FILLMORE	SOWERS	RACHEL ALICE JUNKINS	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yeal Or unk.) (If Yes, give wer or detes of ser	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	17. INFORMANT & ADDRESS MRS.Lois Mosser, Kit:	zmiller, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A)	acute Coron	on Hambons	E edigued I	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATRICE LIMITED VIVIAGE CAUSE TATRICE LIMITED VIVIAGE CAUSE TO THE TOTAL CAUSE THAT	- Coronny /	Want Desoure	27.	
STATING UNDERLYING CAUSE LAST. (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	_ Complete /	least Blocks	2 // ~:	
19a. DATE OF OPERATION 19b. MAJOR	R FINDINGS OF OPERATION		20. AUTOPSY? YES NO Z	
	PLACE (Home, farm, factory, JURY street, office bidg., etc.)	21e. WHERE DID INJURY OCCUR? (City or town)	(County) (State)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (I	Hour} 21e INJURY OCCURRED While Not while M. at work al work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended alive on 19.5 w	the deceased from, and that death occurred a	3:45PM, from the causes and on the date ADDRESS (Street, city, town, sta		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREO			Country) (Stata)	
Burial 5-1-56	I.O.O.F.	Cemetery Elk Garden	Mineral W V	
24. REC'D BY REGISTRAR   REGISTRAR'S	/	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	

DECENALE.

BUREAU V. S.

NAY 3 1956

BUREAU V. S.



BUREAU V. S.

during most of working life, even if relified)  HOUSEWORK  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Alice Broadwater  Address  NO NO WILT  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  Address  NO NO Chester Green, Lonaconing, MD.  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c)]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  Conditions, if ony, which gove rise to immediate couse (e), to string the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) IS. WAS AUTOPSY PERFORMED, YES IN DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (FE ETHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH While Not while Not while Not work of wo	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 114073					
COUNTY Garrett			4184 CERTIFICA	ATE OF DEATH Reg. Dist. No. 8			
LORGON ING  CHURCH (Price of Price)  Dispute the country of the co	Page 4	1,	a COUNTY				
C. NAME OF HOSPITAL (Front in hospital, give sivest address)   d STEET ADDRESS   DATE   DAT	Page )×		RURAL and give pearest town)				
De la			d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e 15 RESIDENCE ON A FARM?			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 1886 7. AGC (In year) IF UNIVER YEAR IF UNDER Y		3.	DECEASED	QF.			
The state of the s	within Page			8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS			
during most of working life, even if strings)  11. FATHER'S NAME  12. MOTHER'S MAIDEN NAME  13. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  15. WAS DECEASEDEVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  16. NO Chester Green, Lonaconing, MD.  18. CAUSE OF DEATH [Enter only one cours per line for (a), (b), and (c)]  18. CAUSE OF DEATH [Enter only one cours per line for (a), (b), and (c)]  18. CAUSE OF DEATH [Enter only one cours per line for (a), (b), and (c)]  19. PART I. DEATH WAS CAUSED (b)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN PART II. OTHER SIGNIFICANT CONDITIONS CONTREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN PART II. OTHER SIGNIFICANT CONDITIONS CONTR	mple pers.	_	OF USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	Man.Gu Tooo Lo Au			
No Wilt  No Was decasted form and of the state of the sta		'	Housework	Swanton, MD. U.S.A.			
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (d.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if any, which gove rise to immediate course (o), stating the under ling over rise to immediate course	D = 12	113					
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (d.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if any, which gove rise to immediate course (o), stating the under ling over rise to immediate course	tifico move house	15 (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17				
DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the <u>worder</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES ON DUE TO  OUT TO  LONG CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES ON DUE TO  OUT TO	ing price re-			Chester Green, Lonaconing, MD.			
Conditions, if any, which gove rise to immediate cause (o), totaling the under:    Conditions	the death	ľ	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED White at work at wor	nn. i signed by II iit permit. T		Conditions, if any, which gove rise to immediate cause (a), stating the under-	, , , , , , , , , , , , , , , , , , , ,			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED White at work at wor	physicianos been indistrant	S TON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?			
21. I certify that I attended the deceased fram 19 1 to 9 to 19 to	ending fricate if the but	1		5D. (Enter nature of injury in Part I or Part II of item 18 )			
alive an G(2) he and that death accurred at 2 M, from the causes and an the date stated above Adoress (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PHYSICIAN'S NAME (Type)  22c. NAME OF CEMETERY OR CREMATORY  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)  22d. LOCATION (City, town, or county) (State)	of or of this cert ruse as	MEDICA	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. Pl While Not while at work 12 at work 13 work 14 work 15 while 15 work 15 work 16 work 17 work 17 work 18 work 18 work 18 work 18 work 19 work				
ACTUAL SIGNATURE  SIGNATURE  HYSICIAN'S NAME (Type)  220. BURILL, CREMATION, 22b. DATE THEREOF  PROVAL (Specify)  BUT 131  14/12 /1956  Green Cemetery  Lonaconing, MD.  240. REC'D 87 REGISTRAR 24b REGISTRAR'S SIGNATURE  VS A15 (4)  VS A15 (4)  COORGE Fighborn  Lonaconing, MD.	aspite czAffer etached fa		0.1521	h accurred at 2 PM, from the causes and an the date stated above			
NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF PUP 121. NAME OF CEMETERY OR CREMATORY PUP 122. NAME OF CEMETERY OR CREMATORY PUP 123. FUNERAL DIRECTOR'S SIGNATURE PUS ALS (4)  240. REC'D BY REGISTRAR  240. REC'D B	<b>4</b> 0 0 1		SIGNATURE	1			
22c. NAME OF CEMETERY OR CREMATORY PRIMOVAL (Specify) REMOVAL (Specify) RUT1al  14/12 /1956 Green Cemetery Lonaconing, ND.  23. FUNERAL DIRECTOR'S SIGNATURE  VS AI5 (4)  VS AI5 (4)  240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE  ADDRESS LOCATION (City, town, or county) (State)  24d. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS LOCATION (City, town, or county)  ADDRESS	PITAL RAL shou		NAME (Type)				
23. FUNERAL DIRECTOR'S SIGNATURE  VS A15 (4)  240. REC'D 8Y REGISTRAR 246 REGISTRAR'S SIGNATURE  VS A15 (4)  240. REC'D 8Y REGISTRAR'S SIGNATURE  ADDRESS MD.	HOS May by FUNI FUNI Funi Funi Funi Funi Funi Funi Funi Funi	22	REMOVAL (Specify)				
	VS A15 (4)	23	matable Tombooning M	D. (11, 17) 15 -4 10 /			

12 /19A

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 184074  Item 8, Film 1975-11-56 et OF DEATH  Reg. Dist. No. 6				
	1.	PLACE OF DEATH  o. COUNTY GARRETT  MARYLAND  Reg. Dist.  Reg. Dist	before admission)		
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town)			
70	1 -	d. NAME OF HOSPITAL (If not in hospital), give street oddress)  OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
10	3.	NAME OF First Middle Lost 4. DATE Month	YES NO Day Year		
		DECEASED (Type or print) JOHN ALBERT WRIGHT, DEATH APRIL  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1870 9. AGE (In year) IF UNDER 1	29 1956 EAR IF UNDER 24 HRS.		
( I		MALE WHITE WIDOWED B DIVORCED   OCT. 22, 18/11/ 85 yrs. Months Dr	ays Hours Min.		
1		O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  WILSON MARYLAND  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	N OF WHAT COUNTRY?		
		WILLIAM WRIGHT. HARRIETT J. HARVEY.			
0	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  I (If yes, give wor or dotes of service)  HALE WRIGHT. SWANTON	Mp.		
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ]	INTERVAL BETWEEN ONSET AND DEATH		
		600,0 DUE TO	10 Dies		
		Conditions, if any, which gave rise to immediate cotse (a), stoting the under-lying couse lost.  (c) Use TO Condition of the under-lying couse lost.	8-10-420		
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO		
	CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  P. m. 19 Of work	(Stote)		
		21. I certify that I attended the deceased from April 28, 1956, to April 29, 1956, that I los			
1		olive on *pril 29 19.56 , and that death occurred of 8.30A M, from the causes and on the ADDRESS (Street, city or town, state)	date stated above.  DATE SIGNED		
		SIGNATURE M.D. 101 Third Street, Oakland, Md.  PHYSICIAN'S A.E. Mance, M. D.	May-1,19!		
	220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county)	(State)		
	23	SURIAL MAY-1-1956 DEORGE'S CEMETERY NEAR DWANTON GUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECIDITY REGISTRAR (216. REGISTRAR'S SIGNATURE)	AURE IVIDI		
	2	Mrsy Bulling OAKLAND MD. DATE /1/56 June	1000		
			34		

BUREAU V. S.

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DECENALEL.

5/1/56

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